



LobbyGuard Authorized Distributor Program

Thank you for your interest in becoming a distributor of LobbyGuard visitor management products, including the LobbyGuard Kiosk, LobbyGuard Assist, and a full line of accessories, supplies and services designed to grow your marketing opportunities and meet your customer needs. LobbyGuard works closely with its Authorized Distributors to provide the education, information and support necessary to ensure a successful partnership between our respective firms. LobbyGuard products are currently used in more than 20 vertical markets in all 50 states and numerous foreign countries, handling more than a quarter million visitors each week. New sales and revenue opportunities are presented daily and we seek qualified and motivated firms of all sizes to represent the LobbyGuard product line.

The attached documents will provide LobbyGuard Solutions, LLC with the initial information needed to establish your firm as an Authorized LobbyGuard Distributor and will provide you with an understanding of your rights and responsibilities in that role. All information is kept confidential and will not be shared with anyone without your consent.

If you have any questions please feel free to contact us and we will be happy to assist.

Sincerely;

The LobbyGuard Partners Team
partners@lobbyguard.com
LobbyGuard Solutions, LLC
4700 Six Forks Road Ste 300
Raleigh NC 27609
www.lobbyguard.com



LOBBYGUARD SOLUTIONS, LLC

Authorized Distributor Application

Please complete this form and email to partners@lobbyguard.com

CONTACT INFORMATION			
Company Name:		DBA:	
Street Address:			
City:	State / Province:	ZIP / Postal Code:	
Phone: ()	FAX: ()		
Billing Address: <input type="checkbox"/> Same as above			
City:	State/Province:	ZIP / Postal Code:	
Federal Tax ID #:	State Resale Certificate #:		
Principle / Owner:	Phone: ()	Email:	
Primary Contact:	Phone: ()	Email:	
Secondary Contact:	Phone: ()	Email:	
Accounting Contact:	Phone: ()	Email:	
COMPANY DETAILS			
Description of Primary Business (please detail products/services represented, services offered, primary marketing regions, and how each product / service equates as a percentage of sales revenue):			
# Years in Business:		# of Employees:	
Previous Three Years Annual Gross Revenues: Y1 \$_____ Y2 \$_____ Y3 \$_____			
MARKETING & DISTRIBUTION INFORMATION			
Requested LobbyGuard Marketing Territory (geographic; city & state/province, county & state/province, or state/province):			
Requested LobbyGuard Marketing Vertical(s):	<input type="checkbox"/> Education (K-12)	<input type="checkbox"/> Education (College / University)	
	<input type="checkbox"/> Government (Local)	<input type="checkbox"/> Government (State / Province)	
	<input type="checkbox"/> Government (Federal)	<input type="checkbox"/> Corporate	
	<input type="checkbox"/> Medical		
	<input type="checkbox"/> Other (please describe):		

Does your firm have existing clientele in the above requested verticals? If so, describe any ongoing activities in each requested vertical market, including the number of customers:
Describe the type of personnel with whom you interface in your current sales activities? i.e. Executive, Security, HR, Accounting
Please list any outstanding complaints against the your firm (including, but not limited to outstanding legal complaints/lawsuits, complaints filed against the firm by Attorney General, Better Business Bureau, or any other relevant information):
Do you currently sell products that compete with LobbyGuard? If so, please list below:
Describe how you would market the LobbyGuard product line in as much detail as possible, including resources that will be applied exclusively or non-exclusively to the marketing effort, and any other relevant information.

Please complete this form and email partners@lobbyguard.com